



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

REQUEST FOR MEDIATION

Reference Number \_\_\_\_\_

Date of Request \_\_\_\_\_

Referring Party Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Disputants	Address	Agency Contact	Phone Number

Have you tried to resolve this issue at the Regional level?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have both parties agreed to participant in Mediation?

☐ Yes

☐ No

Please write a brief summary of this dispute and any notes that might be particularly useful to the mediator regarding this situation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please FAX or E-mail to:

Brenda Clark  
External Mediation Services  
Brenda.Clark@State.TN.US  
Telephone: (615) 253-6811  
FAX: (615) 253-7996